



Complete Summary

TITLE

Cervical cancer: percent of women screened every three years for cervical cancer (NEXUS clinics and mature women group cohorts).

SOURCE(S)

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Jan 5. 234 p.

Brief Abstract

DESCRIPTION

This measure assesses the percent of women screened every three years for cervical cancer.

RATIONALE

US Prevention Services Task Force (USPSTF) (2003): Approximately 13,000 new cases of cervical cancer and 4,100 cervical cancer-related deaths were projected to occur in 2002 in the United States. Rates in the United States have decreased from 14.2 new cases per 100,000 women in 1973 to 7.8 cases per 100,000 women in 1994. Despite falling incidence, cervical cancer remains the tenth leading cause of cancer death. The Healthy People 2010 target for cervical cancer is a reduction in mortality to 2.0 deaths per 100,000 women. Since 1998, the rate remains near 3.0 deaths per 100,000 women.

The USPSTF strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix. The USPSTF found good evidence from multiple observational studies that screening with cervical cytology (Pap smears) reduces incidence of and mortality from cervical cancer. The USPSTF recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer. The USPSTF found limited evidence to determine the benefits of continued screening in women older than 65. The yield of screening is low in previously screened women older than 65 due to the declining incidence of high-grade cervical lesions after middle age. There is fair evidence that screening women older than 65 is associated with an increased risk for potential harms, including false-positive results and invasive procedures. The USPSTF recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease. The USPSTF found fair evidence

that the yield of cytologic screening is very low in women after hysterectomy and poor evidence that screening to detect vaginal cancer improves health outcomes. The USPSTF concludes that potential harms of continued screening after hysterectomy are likely to exceed benefits.

PRIMARY CLINICAL COMPONENT

Cervical cancer; screening; Papanicolaou (Pap) smear

DENOMINATOR DESCRIPTION

Patients from the NEXUS Clinics and Mature Women Group cohorts sampled (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

The number of patients from the denominator screened every 3 years for cervical cancer (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

PRIMARY MEASURE DOMAIN

Process

SECONDARY MEASURE DOMAIN

Not applicable

EVIDENCE SUPPORTING THE MEASURE

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Screening for cervical cancer: recommendations and rationale.](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance
Wide variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Jan 5. 234 p.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

External oversight/Veterans Health Administration
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physician Assistants
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age less than 65 years

TARGET POPULATION GENDER

Female (only)

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

See "Rationale" field.

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

See "Rationale" field.

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Patients from the NEXUS Clinics and Mature Women Group cohorts*

*Refer to the original measure documentation for patient cohort description.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR (INDEX) EVENT

Encounter

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Patients from the NEXUS Clinics and Mature Women Group cohorts sampled*

*Women: Meets cohort criteria (refer to the original measure documentation for patient cohort description and sampling size strategy) AND female with cervix AND under age 65

Exclusions

- Patients who have had a hysterectomy
- Patients who are terminal as indicated by:
 - Documented diagnosis of cancer of the esophagus, liver, or pancreas
 - Enrolled in a Veterans Health Administration (VHA) or community-based hospice program
 - Documented in the medical record to have a life expectancy less than 6 months

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

The number of patients from the denominator screened every three years for cervical cancer*

*Screened for Cervical Cancer: Evidence of Pap smear performed; test done at the Veterans Affairs Medical Center (VAMC) must have results (interpretation). If test is done in the private sector or another VAMC, historical documentation in progress note that test was performed is sufficient, but must be documented closely enough to judge whether done within the 36 month window. Findings as appropriate must also be included in the documentation (e.g., 'normal').

Exclusions

Unspecified

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative and medical records data

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison
Prescriptive standard

PRESCRIPTIVE STANDARD

Fiscal Year (FY) 2005 targets for cervical cancer screening (NEXUS Clinics and Mature Women Group):

- Facility Floor: 75%
- Fully Successful: 85%
- Exceptional: 90%

EVIDENCE FOR PRESCRIPTIVE STANDARD

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Jan 5. 234 p.

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Cervical cancer screening.

MEASURE COLLECTION

Fiscal Year (FY) 2005: Veterans Health Administration (VHA) Performance Measurement System

MEASURE SET NAME

Cancer

DEVELOPER

Veterans Health Administration

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2000 Dec

REVISION DATE

2004 Dec

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: Office of Quality and Performance (10Q). FY2001 VHA performance measurement system. Technical Manual. PI - cervical cancer screening. Washington (DC): Veterans Health Administration (VHA); 2001 Apr 18.

SOURCE(S)

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Jan 5. 234 p.

MEASURE AVAILABILITY

The individual measure, "Cervical Cancer Screening," is published in "FY 2005 VHA Performance Measurement System: Technical Manual."

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NQMC STATUS

This NQMC summary was completed by ECRI on April 18, 2003. The information was verified by the Veterans Health Administration on May 20, 2003. This NQMC summary was updated by ECRI on December 7, 2004. The information was verified by the measure developer on December 10, 2004.

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The logo for FIRSTGOV, with "FIRST" in blue and "GOV" in red, and a small graphic of a star above the "I".

